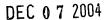
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To:

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Attn:

Examiner Russel, Art Unit 1654

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From:

Jeff Hagenah

Company:

Theravance, Inc.

Telephone:

650-808-6406

Fax:

650-808-6078

Date:

December 7, 2004

# of pages:

18

(including this page)

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## Comments:

Attached is a Reply for U.S. Serial No. 10/601,847.

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PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0851-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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		Application Number	r	10/601,847	<u> </u>			
TRANSMITTA	L	Filing Date		June 23, 20	!			
FORM		First Named Invent	tor	Linsell et al.				
		Art Unit		1654		( i		
(to be used for all correspondence after	initial filling)	Examiner Name		Jeffrey E. F	Russel	:		
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Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR1.52 or 1.53	Amendment and Reply (13 pages); Terminal Disclaimer (1 page); Fee Transmittal (1 page in duplicate); this Transmittal Form (1 page); Facsimile Cover Page (1 page); Total Pages = 18							
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Firm	Theravano	e, Inc.						
Signature	Sella	A.9A	ig	Q				
Printed Name	Jeffrey A	rey A Hagenah						
Date	December	7, 2004	Reg. No.	35,175				
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I hereby certify that this corresponds Service with sufficient postage as Alexandria, VA 22313-1450 on the da	first class mail	in an envelope addre	he USPT( ssed to:	O or deposited Commissioner	with the United State for Patents, P.O. I	tes Post 3ox 1450		
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PTO/SB/17 (10-04v2)
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FEE TRANSMITTAL for FY 2005					Complete If Known									
					Application Number				10/801,847					
					Filing Date				June 23, 2003					
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Effective 10/0	1/2004. Patent fees	ere subject to ennual i	evision.	1					Jeffrey E. Russel					
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SUBMITTED BY		Complete (if applicable)  (4thorney/Agent) 35.175 Telephone (650): 808-640				06								
Name (Print/Type)  Jeffrey A. Hagenah Registration No.					, (Alternoyington)									
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PTO/SB/17 (10-04/2)
Approved for use through 07/31/20¢6. OMB 0651-0032
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FEE TRANSMITTAL for FY 2005					Complete If Known										
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